EXECUTIVE SUMMARY

Historically, research on women's health problems has centered on reproductive health issues. In recent years, however, we've learned that many other health conditions affect women during their life span. We've also learned that many of these health conditions, even if not unique to females, are major causes of illness and death in women. Now, with the publication of this first-of-its-kind report, we have a much-needed tool for monitoring the health status of California women.

The *Profile of Women's Health in California* is a statistical overview of women's health from 1984 through 1994. Using a number of existing data sources, this report describes both the frequency of women's health problems and the trends for this ten-year period on selected causes of morbidity, hospitalization, mortality, and natality, as well as the prevalence of certain risk factors for women in California. The report also provides information on the demographic and socioeconomic characteristics of the state's female population and, while including male/female comparisons, primarily focuses on comparisons among females by race/ethnicity and by age.

A collaborative effort by the Department of Health Services' Center for Health Statistics and Office of Women's Health, the *Profile of Women's Health in California* illustrates that the health of California women improved in several areas from 1984 through 1994. Among other things, death rates for heart disease and cancer, while still the leading causes of death for California women, declined; the percent of women over 50 who never had a mammogram decreased as did mortality due to breast cancer; cases of gonorrhea and syphilis decreased dramatically; and deaths due to motor vehicle accidents and suicide declined.

It should be noted that the Governor and Legislature have done much in recent years to help improve the health status of California women. These efforts have included initiatives to promote the importance of prenatal care, provide information on available services and expand access to care for the working poor; to increase access to breast cancer screening and diagnostic services for low-income uninsured women; to halt the spread of sexually transmitted diseases; and to promote the use of seat belts. California's policy makers have also devoted substantial resources to educating Californians about the serious health risks associated with tobacco use, resulting in a substantial decline in the adult smoking prevalence rate.

Despite this progress, the data in this report show that the status of women's health declined in several areas from 1984 through 1994. For example, there was an increase in mortality associated with diabetes, lung cancer, chronic obstructive pulmonary disease and AIDS; the percent of California women who were obese increased; and the incidence of Chlamydia rose considerably.

Highlights from data on the effects of race/ethnicity and age on women's health status include:

Effects of Race/Ethnicity on Women's Health Status

In 1990 the women with the longest life expectancy at birth were Asians and Others (84.2 years), followed by Hispanics (84.0 years), whites (79.1 years), and African Americans (73.7 years).

Women in these race/ethnic groups had longer life expectancy than males of any group with one exception: male Hispanics had a longer life expectancy (76.4 years) than did African American females (73.7 years).

It appears that life expectancy is not directly related to socioeconomic factors such as education and income levels: white women were least likely of all women to have income levels below 200 percent of poverty level or to have less than a high school education. Nevertheless, their life expectancy was shorter than that of both Hispanic and Asian/Other women.

Asian Women -- Asians as a group were more likely than other groups to have never received a mammogram or Pap test. Not receiving these screening exams puts them at higher risk for late diagnosis of breast or cervical cancer.

Southeast Asian Women -- Southeast Asian women had high fertility rates combined with high teen birth rates, and high rates of late prenatal care. A large proportion of the births were paid for by Medi-Cal, which indicates that many of these mothers were poor.

African American Women -- African American women had the shortest life expectancy. They had the highest levels of mortality at every age and the highest mortality from heart disease and stroke. They also had the highest prevalence of hypertension and obesity, two of the leading risk factors for cardiovascular disease. African American women had the highest mortality rates for homicide and for AIDS. They also had the highest incidence of other sexually transmitted diseases (syphilis and gonorrhea). Relatively large proportions of African American women reported having incomes in the poverty range and limited education levels, especially the elderly.

Hispanic Women -- Hispanic women were least likely of all women to have any insurance coverage and least likely to begin prenatal care in the first trimester of pregnancy, although they had the highest fertility rates and largest family size.

A high percent of the elderly Hispanic women had never received a mammogram. They were also more likely than other seniors to have less than a high school education and to use a language other than English at home. Together, these factors suggest that health education messages do not reach them easily.

Native American Women -- Health data that identify Native American women separately from other race/ethnic groups are limited. However, the available information suggests that this is a high risk group. Among Native American women who gave birth during the period covered by this report, relatively large percentages were teens, had less than a high school education, began prenatal care late, and relied on Medi-Cal to pay for the birth. Findings from the risk factor survey suggest that Native American women have elevated risk of smoking, binge and chronic alcohol abuse, obesity, hypertension, and arthritis. Among the elderly Native American women, a relatively high percentage has never received a Pap test to detect cervical cancer and a high percentage lack health insurance of any kind.

White Women -- White women had the second shortest life expectancy. They were at greater risk for death due to breast cancer and suicide than were other women. Among younger women, whites were more likely to smoke and to abuse alcohol than other

groups. Among elderly women, whites had elevated risk of death due to falls and chronic obstructive pulmonary disease.

Effects of Age on Women's Health Status

Childbearing Age (18-44 Years Old) -- Women of childbearing age have increased need for medical care for pregnancy and childbirth, and increased need for economic resources to care for their families. However, women in this age group were at greater risk of being poor than were older women and were more likely to lack insurance coverage. New mothers were more likely to live below the poverty line and to have less than a high school education than were other women.

Seniors (Age 65 and Older) -- Senior women were most at risk for sickness. Almost half reported that they had been diagnosed with hypertension, about one-quarter were obese, and about 60 percent had arthritis. Fortunately, nearly all had health insurance because of the Medicare Program. However, over half of the senior women in California had incomes in the poverty range.

Finally, the data in this report identify a number of emerging problems that are likely to cause an increasing burden of illness among women in California and an increasing need for health care services. These problems include:

Aging of the "Baby Boom" -- Women who were born in the post-World War II "baby boom" had reached ages 35-45 during the period covered by this report. They will reach age 55-65 in 2010 and age 65-75 by 2020. These changes are likely to lead to increases in the need for medical services for the health problems that affect women in these age groups.

AIDS -- Female mortality due to AIDS increased significantly in women among all race/ethnic groups, particularly among African American women.

Obesity -- Obesity was the only behavioral risk factor which showed a significant increase among California women during the past decade. The increase was greatest among African American and Hispanic women. Obesity is an important risk factor for the leading causes of hospitalization and death among women, including: heart disease, stroke, some cancers, and diabetes.

In addition to serving as a baseline tool for the ongoing monitoring of the health of women in California, this report will assist policy makers in identifying and, ultimately, in addressing unmet needs in the areas of disease and injury prevention, health services, and data collection.